

Check for
Updates

Interpersonal Communication Between Doctors and Patients as a Key Factor in Disease Management in Ibarapa East Local Government Area, Oyo State

¹*Stella Ebehiremen Ajoke SANNI-OBA, ²Waheed Bayonle BUSARI

*Correspondence: Stella Ebehiremen Ajoke SANNI-OBA

***Detailed author information and related declarations are provided in the final section of this article.*

Article Publication Details

This article is published in the **International Journal of Multidisciplinary Research and Bulletin**, ISSN 3108-1428 (Online) Volume 5 Issue 2 (Mar – Apr) 2026.

ABSTRACT

This study investigates the critical role of interpersonal communication between doctors and patients in managing disease within the Ibarapa East Local Government Area, Oyo State, Nigeria. The research emphasises the significance of effective communication in improving patient outcomes and adherence to treatment plans for chronic diseases such as diabetes and hypertension. Despite the known benefits, the study highlights communication barriers that hinder effective patient engagement. Using a descriptive survey design, data were collected from 400 patients at healthcare facilities. The findings reveal that patients generally possess a good understanding of their health conditions and treatment options. Additionally, effective communication strategies employed by healthcare providers, such as establishing rapport and using clear language, significantly enhance patient satisfaction and compliance. The study identifies areas needing improvement, particularly in non-verbal communication and the provision of educational materials. Statistical analysis demonstrates a moderate correlation between effective doctor-patient communication and successful disease management, with approximately 42.1% of variance in patient outcomes attributed to communication practices. This underscores the importance of healthcare providers receiving training in effective communication skills, which encompasses both verbal and non-verbal interactions. Furthermore, the research highlights the necessity of creating patient-centred healthcare environments that encourage active patient participation in management decisions. Recommendations include implementing ongoing training for healthcare providers, improving access to healthcare services, and enhancing patient education programs. In conclusion, this study establishes that enhancing interpersonal communication is vital for optimal disease management. By prioritising communication strategies, healthcare systems can empower patients, leading to improved health outcomes and overall quality of care.

Keywords: Interpersonal Communication, Disease Management, Doctor-patient, communication strategies

Introduction

Disease management, a coordinated and systematic approach to managing chronic diseases and other health conditions, aims at improving patient outcomes, reducing complications, and minimising healthcare costs (Ameworwor, et al, 2024). It is a combination of medical care, patient education, lifestyle modification, and ongoing monitoring, which ensures that patients manage their conditions in collaboration with healthcare professionals. Disease management systems are essential for the care of chronic conditions, such as diabetes, hypertension, and asthma, which require continuous medical attention and lifestyle changes (Alanezi, 2022). A significant focus of disease management is empowering patients to take an active role in their health, making informed decisions, adhering to treatment plans, and adjusting behaviours to minimise the impact of their conditions. A study highlights that effective disease management improves patient adherence to prescribed therapies and leads to better clinical outcomes, particularly in managing chronic diseases that require sustained care and regular monitoring (Iroegbu, Jin, Bratzke & Baumann, 2022).

Research has demonstrated that disease management is not solely based on medical intervention but also involves psychosocial elements (Thai, Flores-Cruz & Roque, 2023). Patient engagement, which includes communication with healthcare providers, understanding the implications of their condition, and following prescribed guidelines, has been found to influence the success of disease management (Haut, 2023). A study emphasised that patients who engage in proactive management of their diseases exhibit better long-term health outcomes, lower hospital admissions, and reduced healthcare costs (Ayele, 2021). Moreover, disease management programmes that integrate patient education and continuous support have been shown to reduce disease-related complications and improve quality of life. In this context, healthcare professionals play a pivotal role in facilitating disease management by guiding patients, ensuring adherence, and promoting informed decision-making through an established line of communication.

Doctor-patient interpersonal communication refers to the interactions between healthcare providers and patients, encompassing both verbal and non-verbal communication. This type of communication is crucial for establishing trust, ensuring accurate diagnosis, and promoting effective treatment adherence. The quality of doctor-patient communication has been shown to influence various aspects of healthcare delivery, including patient satisfaction, treatment compliance, and health outcomes. Effective communication between doctors and patients is

fundamental for building a therapeutic relationship, allowing patients to express concerns, ask questions, and understand their diagnosis and treatment plans (Kahi, Dakessian, Naim & Raad, 2022). It has been established that the quality of doctor-patient communication directly correlates with patient satisfaction, which in turn impacts health outcomes, as patients who feel heard and understood are more likely to follow medical advice (Yamane & Nakamura, 2023).

Numerous studies emphasise that interpersonal communication skills among doctors are critical in ensuring positive patient experiences and fostering collaboration in care. A doctor's ability to communicate empathetically, listen actively, and respond clearly can significantly reduce patient anxiety and improve their understanding of treatment options. Effective communication also involves not only conveying medical information clearly but also addressing patients' emotional concerns and involving them in decision-making processes. The findings of a study suggest that when doctors communicate openly and sensitively, patients are more likely to feel empowered and engaged in their treatment plans, resulting in enhanced compliance and better health management (Osei & Appiah, 2022).

The relationship between doctor-patient interpersonal communication and disease management is integral to achieving optimal health outcomes. Effective communication has been identified as a key determinant in how well patients manage their diseases, particularly chronic conditions that require ongoing care. As highlighted by scholars, when doctors communicate clearly and empathetically with patients, they are more likely to understand the long-term management strategies for their diseases, which leads to improved adherence to treatment regimens and lifestyle modifications. Furthermore, patients who feel that they are active participants in their healthcare decisions are more motivated to adhere to management plans, resulting in better disease control and fewer complications. The role of communication is especially critical in chronic disease management, where patient engagement over time can significantly affect disease progression and quality of life (Matar, Ismail & Al-Khalidi, 2024).

In contrast, poor communication between doctors and patients can lead to misunderstandings, non-compliance with treatment, and ultimately poorer disease management outcomes. The lack of clear communication may result in patients misinterpreting medical instructions, which can lead to improper medication usage or missed follow-up appointments, negatively impacting their health. A study found that ineffective doctor-patient communication was associated with lower patient satisfaction and higher rates of non-compliance, which in turn led to increased hospitalisations and worsened disease outcomes (Chikwere, & Adeyemi, 2025). Therefore, enhancing interpersonal communication skills among healthcare providers is critical for optimising disease management, as

it enables patients to make informed decisions, feel more confident in their care, and actively participate in managing their health conditions.

Statement of the Problem

Effective doctor-patient communication is crucial for successful disease management, especially for chronic conditions that require ongoing care and patient engagement. Poor communication can lead to misunderstandings, reduced adherence to treatment plans, and worse health outcomes. When patients are unable to fully understand their diagnosis or treatment options due to communication barriers, it hinders their ability to manage their condition effectively, often resulting in complications and increased healthcare costs. Despite the recognised importance of clear communication, many healthcare settings still face challenges in fostering effective doctor-patient interactions. Inadequate communication can lead to reduced patient satisfaction, non-compliance with medical instructions, and heightened emotional distress, all of which negatively impact disease management. This highlights the need for research into how interpersonal communication between doctors and patients influences the success of disease management programs, with a focus on improving communication practices to enhance patient outcomes. This study will therefore investigate how doctor-patient interpersonal communication determines disease management in Ibarapa East Local Government Area, Oyo State.

Research Questions

1. What are the disease management practices among patients in Ibarapa East Local Government Area, Oyo State?
2. What is the level of doctor-patient interpersonal communication in Ibarapa East Local Government Area, Oyo State?

Research Hypothesis

H01: There will be no significant relationship between doctor-patient interpersonal Communication and disease management in Ibarapa East Local Government Area, Oyo State.

Methodology

The study adopted a descriptive survey research design. This design is considered to be appropriate to comprehend the goal of the research exercise because it enabled the researcher to have a comprehensive understanding of the population of the study, allowing the researcher to obtain general views and findings. The population of the study comprised patients from Adeseun Ogundoyin Polytechnic Health Centre and Awojobi Clinic, both in Eruwa. According to medical records obtained from the respective health facilities, 33,279 patients were recorded at Adeseun

Ogundoyin Polytechnic Health Centre, while 211,849 patients were recorded at Awojobi Clinic. This brings the total number of registered patients to 245,128. These records represent the patient population during the period under review.

The study employed a simple random sampling technique. This is because it enabled the researcher to obtain a sample that best represents the entire population being studied. Also, it will give the researcher the opportunity to pick from the population, which gives way for convenience. However, the sample for this research was determined by employing the Taro Yaman 1967 formula for obtaining a sample. The sample for the study was 400.

The instrument for the research study was a self-designed structured questionnaire. The questionnaire items are drawn from the research questions formulated for the study. The questionnaire was divided into four sections: the first section (section A) contained a demographic profile of the respondents, while section B contained questions on disease management practices among patients, section C contained questions on the pattern of doctor-patient interpersonal communication, and section D contained questions on the level of doctor-patient interpersonal communication.

The reliability of a scale refers to the degree to which the items that make up the scale hang together and measure the same underlying construct. One of the most used indicators of reliability is Cronbach's alpha coefficient. Ideally, the Cronbach alpha coefficient of a scale should be close to 0.7. Cronbach's α (alpha) as a coefficient of reliability was used to measure the internal consistency for all variables in this study.

The method of obtaining the data needed for this study was through the distribution of the questionnaire to the population of this study. The questionnaire was administered through a face-to-face approach to the respondents. Therefore, the administration and retrieval of the questionnaire will be done by the researcher and two research assistants over a period of three weeks. The research assistants will be trained by the researcher to ensure a smooth process of the administration of the instrument. After collecting, the data was coded before being analysed. Since the data is categorical in nature and on a Likert scale, percentages will be used for the descriptive analysis. Statistical Package for Social Sciences version 20 (SPSS v.20) was used to analyse the data obtained for the study.

Results and Discussion of Findings

Demographic Data Analysis

Table 1: Frequency Distribution of Respondents (N =350)

Demographic Variable		Frequency (n)	Percentage (%)
Gender	Male	158	45.1
	Female	192	54.9
	Total	350	100
Age	15-25	35	10
	26-35	127	36.3
	36-45	156	44.6
	46 and Above	32	9.1
	Total	350	100
Educational Qualification	Secondary School	66	18.9
	OND/NCE	69	19.7
	HND/B.Sc	191	54.6
	Postgraduate	24	6.9
	Total	350	100
Occupation	Civil Servant	125	35.7
	Trader	75	21.4
	Artisan	86	24.6
	Private Sector Employee	64	18.3
	Total	350	100

Source: Researcher’s Fieldwork, 2026

Table 1 presents the frequency distribution of the demographic variables of the respondents (N = 350), offering insights into their gender, age, educational qualifications, and occupation. Regarding gender, 158 respondents (45.1%) were male, while 192 respondents (54.9%) were female. This indicates that most participants were female. In terms of age, the largest group of respondents fell within the 36–45 age bracket, comprising 156 respondents (44.6%). This was followed by the 26–35 age group, with 127 respondents (36.3%). The 15–25 age group accounted for 35 respondents (10%), and the 46 and above age group had 32 respondents (9.1%). These figures suggest that the sample is primarily composed of individuals aged 26 to 45, representing a relatively mature group of participants.

With respect to educational qualifications, most respondents held a B.Sc./HND qualification, with 191 respondents (54.6%). This was followed by those with an OND/NCE qualification, comprising 69 respondents (19.7%), and those with secondary school education, totalling 66 respondents (18.9%). A smaller group, 24 respondents (6.9%), had a postgraduate qualification. This indicates that most participants had at least a higher national diploma or bachelor's degree. For occupation, the largest group of respondents were civil servants, comprising 125 individuals (35.7%). This was followed by artisans, with 86 respondents (24.6%), traders (75 respondents, 21.4%), and private

sector employees (64 respondents, 18.3%). This suggests that a significant proportion of respondents were employed in the public sector.

Research Question One: What are the disease management practices among patients in Ibarapa East Local Government Area, Oyo State?

Table 2: Patient Disease Management Practices

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	M	S.Dev	Remark
1	I understand my health condition	119	186	45	0	3.2	0.65	Agree
		-30	-53	-13	0			
2	I am aware of the treatment options available for my condition	64	286	0	0	3.1	0.39	Agree
		-18	-82	0	0			
3	I have sufficient information about my health status	26	173	139	12	2.6	0.68	Agree
		-7.4	-49	-40	-3			
4	I regularly take my prescribed medications	101	153	85	11	3	0.81	Agree
		-29	-44	-24	-3			
5	I attend follow-up appointments as recommended by my healthcare provider	71	235	44	0	3.1	0.57	Agree
		-20	-63	-13	0			
6	I follow specific dietary guidelines related to my health condition	71	167	83	29	2.8	0.86	Agree
		-20	-48	-24	-8			
7	I engage in physical activity to help my health condition	68	262	20	0	3.1	0.48	Agree
		-19	-75	-5.7	0			
8	I monitor my health indicators (e.g., blood pressure, blood sugar) regularly	112	227	11	0	3.3	0.52	Agree
		-32	-65	-3.1	0			
9	I receive support	48	195	107	0	2.8	0.64	Agree

	from my family in managing my health							
		-14	-56	-31	0			
10	I receive support from friends in managing my health	0	223	110	17	2.6	0.58	Agree
		0	-64	-31	-5			
11	I easily access healthcare services in my area	0	80	250	20	2.2	0.51	Disagree
		0	-23	-71	-6			
	Weighted Mean = 2.89; S.D = 0.61; Overall Decision = Agree							

Source: Researcher’s Fieldwork, 2026

KEY: Strongly Agree (SA)=4, Agree (A)= 3, Disagree (D)= 2, Strongly Disagree (SD) = 1, S.Dev = Standard Deviation, M= Mean

*****Threshold:** mean value of 0.000-1.499 = Strongly Disagree (SD); 1.500-2.499 = Disagree (D); 2.500-3.499 =, Agree (A); 3.500 to 4.500= Strongly Agree (SA)

Table 2 presents the disease management practices among patients in Ibarapa East Local Government Area, Oyo State, using a rating scale ranging from "Strongly Agree (SA)" to "Strongly Disagree (SD)." In terms of understanding their health condition, 119 respondents (30%) strongly agreed, and 186 respondents (53.1%) agreed, resulting in a mean score of 3.21 and a standard deviation of 0.65, which suggests that most patients have a good understanding of their health conditions. For awareness of treatment options, 64 respondents (18.3%) strongly agreed, and 286 respondents (81.7%) agreed, with a mean score of 3.12 and a standard deviation of 0.39, indicating that patients are generally aware of the available treatment options for their conditions. Regarding information about their health status, 26 respondents (7.4%) strongly agreed, and 173 respondents (49.4%) agreed, with a mean score of 2.61 and a standard deviation of 0.68, showing a moderate level of knowledge about their health status among the respondents.

When it comes to adherence to prescribed medications, 101 respondents (28.9%) strongly agreed, and 153 respondents (43.7%) agreed, with a mean score of 2.98 and a standard deviation of 0.81, reflecting a good level of medication adherence. About attending follow-up appointments, 71 respondents (20.3%) strongly agreed, and 235 respondents (63.1%) agreed, with a mean score of 3.07 and a standard deviation of 0.57, suggesting that patients mostly attend follow-up appointments as recommended by healthcare providers.

For dietary adherence related to health conditions, 71 respondents (20.3%) strongly agreed, and 167 respondents (47.7%) agreed, resulting in a mean score of 2.80 and a standard deviation of 0.86, indicating that while dietary guidelines are followed to some extent, there is room for improvement. Regarding engaging in physical activity, 68 respondents (19.4%) strongly agreed, and 262 respondents (74.9%) agreed, with a mean score of 3.14 and a standard deviation of 0.48, showing that most patients engage in physical activities to manage their health. On monitoring health indicators, 112 respondents (32%) strongly agreed, and 227 respondents (64.9%) agreed, with a mean score of 3.28 and a standard deviation of 0.52, indicating regular monitoring of health indicators like blood pressure and blood sugar among the majority of respondents. For support from family in managing health, 48 respondents (13.7%) strongly agreed, and 195 respondents (55.7%) agreed, with a mean score of 2.83 and a standard deviation of 0.64, showing that many patients receive support from family in managing their health. In terms of support from friends, 223 respondents (63.7%) agreed, and 110 respondents (31.4%) disagreed, with a mean score of 2.59 and a standard deviation of 0.58, suggesting that there is moderate support from friends in managing health. Regarding access to healthcare services, 80 respondents (22.9%) agreed, while 250 respondents (71.4%) disagreed, with a mean score of 2.17 and a standard deviation of 0.51, indicating that many respondents find it difficult to access healthcare services.

From the table, patients agree with the disease management practices but face challenges in some areas, particularly in terms of accessing healthcare services ($x=2.89$; $SD=0.61$). The findings highlight that most patients are actively involved in managing their health through understanding their condition, medication adherence, follow-up care, physical activity, and monitoring health indicators, though there is a need for greater support and easier access to healthcare services.

Research Question Three: What is the level of doctor-patient interpersonal communication in Ibarapa East Local Government Area, Oyo State?

Table 4.5: Level of Doctor-Patient Interpersonal Communication

S/n	Items	AL	OF	RA	NE	M	S.Dev	Remark
		(%)	(%)	(%)	(%)			
1	Doctor usually establishes personal connection starting with friendly greetings during our interactions	150	185	15	0	3.4	0.57	Often
		-53	-53	-4.3	0			
2	Doctor ensures feeling of comfortable sharing of concerns	186	120	34	10	3.4	0.78	Often
		-53	-34	-9.7	-2.9			
3	Doctor uses non-verbal	14	93	243	0	2.4	0.55	Rarely

	communication to engage patients in the hospital	-4	-27	-69	0			
4	Doctor uses detailed open-ended questions to encourage the description of symptoms	74	220	41	15	3	0.71	Often
		-21	-63	-12	-4.3			
5	Doctor demonstrates attentiveness through verbal acknowledgements	122	206	22	0	3.3	0.58	Often
		-39	-59	-6.3	0			
6	Doctor demonstrates attentiveness through non-verbal acknowledgements cues like nodding	70	262	18	0	3.2	0.48	Often
		-20	-75	-5.1	0			
7	Doctor asks clarifying questions to obtain more detailed information, focusing on specific symptoms	136	181	33	0	3.3	0.63	Often
		-39	-52	-9.4	0			
8	Doctor restates what patient says so as to confirm understanding	71	225	11	43	2.9	0.85	Often
		-20	-64	-3.1	-12			
9	Doctor explains patients assessment using clear language that avoids medical jargon	161	160	29	0	3.4	0.63	Often
		-46	-46	-8.3	0			
10	Doctor discusses available treatment options while considering patient's preferences	178	107	47	18	3.3	0.88	Often
		-51	-31	-13	-5.1			
11	Doctor engages in discussions about the care plan, inviting patients input and concerns	194	125	21	10	3.4	0.73	Often
		-55	-36	-6	-2.9			
12	Doctor prompts patients to ask questions about their condition	93	187	70	0	3.1	0.68	Often
		-27	-53	-20	0			
13	There is offering of explanations about diagnosis in an understandable manner	147	198	5	0	3.4	0.52	Often
		-42	-57	-1.4	0			
14	There is offering of explanations about treatment options in an understandable manner	38	310	2	0	3.1	0.32	Often
		-11	-89	-0.6	0			
15	There is offering of	148	167	25	10	3.3	0.72	Often

	explanations about potential side effects in an understandable manner	-42	-48	-7.1	-2.9			
16	There is provision of brochures or written instructions to reinforce verbal communication	15	204	78	53	2.5	0.8	Often
		-4.3	-58	-22	-15			
17	Doctor acknowledges patient's feelings by showing understanding	105	200	20	25	3.1	0.8	Often
		-30	-57	-5.7	-7.1			
18	Doctor acknowledges patient's concerns by showing compassion	119	216	15	0	3.3	0.54	Often
		-34	-62	-4.3	0			
19	Doctor recognises patient's experience related to health issues	17	212	17	0	3.3	0.55	Often
		-4.9	-61	-4.9	0			
20	Doctor recognises patient's emotions related to health issues	149	153	48	0	3.3	0.69	Often
		-43	-44	-14	0			
21	Doctor makes recap of discussion to ensure mutual understanding	92	211	40	7	3.1	0.67	Often
		-26	-60	-11	-2			
22	Doctor informs patient about follow-up appointments, tests, or referrals clearly	164	176	10	0	3.4	0.55	Often
		-47	-50	-2.9	0			
23	Doctor encourages patient to reach out with further concerns after the appointment	37	307	6	0	3.1	0.34	Often
		-11	-88	-1.7	0			
24	Doctor encourages patient to reach out with further questions after the appointment	137	164	49	0	3.3	0.69	Often
		-39	-47	-14	0			
25	Doctor offers ways to provide feedback about patient's experience	112	226	12	0	3.3	0.52	Often
		-32	-65	-3.4	0			
26	Appropriate body language significantly impacts interaction during consultation	211	131	8	0	3.6	0.54	Always
		-60	-37	-2.3	0			
27	Appropriate eye contact significantly impacts interaction during consultation	103	195	52	0	3.2	0.65	Often
		-29	-56	-15	0			
28	Appropriate facial expressions during consultation significantly impacts the	194	145	11	0	3.5	0.56	Always
		-55	-41	-3.1	0			

	communication environment							
29	Doctors recognises cultural differences in communication styles	51	217	82	0	2.9	0.61	Often
		-15	-62	-23	0			
30	Doctor respects cultural differences in communication environment	112	226	12	0	3.3	0.52	Often
		-32	-65	-3.4	0			
32	Doctor adjusts communication strategies based on the patient's age	207	143	0	0	3.6	0.49	Always
		-59	-41	0	0			
33	Doctor adjusts communication strategies based on the patient's health literacy	190	142	18	0	3.5	0.59	Always
		-54	-41	-5.1	0			
34	Doctor adjusts communication strategies based on the patient's emotional state	146	186	18	0	3.4	0.58	Often
		-42	-53	-5.1	0			
Weighted Mean = 3.19; S.D = 0.61; Overall Decision = Often								

Source: Researcher's Fieldwork, 2026

KEY: Always (AL) =4, Often (OF)= 3, Rarely (RA)= 2, Never (NE) = 1, S.Dev = Standard Deviation, M= Mean

*****Threshold:** mean value of 0.000-1.499 = Never (NE); 1.500-2.499 = Rarely (RA); 2.500-3.499 =, Often (OF); 3.500 to 4.500= Always (AL)

Table 4.5 presents data on the level of doctor-patient interpersonal communication in Ibarapa East Local Government Area, Oyo State, using a rating scale ranging from Always (AL) to Never (NE). The analysis highlights the frequency and intensity of communication practices between doctors and patients across various aspects of the consultation process.

Doctors' ability to establish personal connections through friendly greetings showed that 150 respondents (52.9%) indicated Always (AL), and 185 respondents (52.6%) marked Often (OF), resulting in a mean score of 3.39 and a standard deviation of 0.57. This suggests that doctors often establish a personal connection at the start of interactions with patients. Similarly, doctors ensuring comfortable sharing of concerns received responses from 186 respondents (53.1%) who marked Always (AL), and 120 respondents (34.3%) marked Often (OF), with a mean score of 3.38 (S.D. = 0.78), indicating that patients often feel comfortable sharing their concerns.

On non-verbal communication to engage patients, 14 respondents (4%) marked Always (AL), and 93 respondents (26.6%) marked Often (OF), resulting in a mean score of 2.35 (S.D. = 0.55), indicating that this form of communication is used rarely in consultations. For the use of open-ended questions to gather symptom details, 74 respondents (21.1%) marked Always (AL), and 220 respondents (62.9%) marked Often (OF), with a mean of 3.01 (S.D. = 0.71), suggesting that doctors often ask detailed open-ended questions. Regarding verbal attentiveness, 122 respondents (39.4%) marked Always (AL), and 206 respondents (58.9%) marked Often (OF), with a mean of 3.29 (S.D. = 0.58), indicating that doctors often demonstrate attentiveness verbally. For non-verbal attentiveness through cues like nodding, 70 respondents (20%) marked Always (AL), and 262 respondents (74.9%) marked Often (OF), with a mean score of 3.15 (S.D. = 0.48), showing that doctors often demonstrate attentiveness through non-verbal communication.

When it comes to clarifying questions, 136 respondents (38.9%) marked Always (AL), and 181 respondents (51.7%) marked Often (OF), with a mean of 3.29 (S.D. = 0.63), suggesting that doctors often ask clarifying questions to ensure accurate understanding. For restating patient input to confirm understanding, 71 respondents (20.3%) marked Always (AL), and 225 respondents (64.3%) marked Often (OF), resulting in a mean score of 2.93 (S.D. = 0.85), showing that doctors often recap discussions but with some room for improvement. On explaining patient assessments clearly and understandably, 161 respondents (46%) marked Always (AL), and 160 respondents (45.7%) marked Often (OF), with a mean of 3.38 (S.D. = 0.63), indicating that doctors often explain assessments clearly. When it comes to discussing treatment options, 178 respondents (50.9%) marked Always (AL), and 107 respondents (30.6%) marked Often (OF), with a mean score of 3.27 (S.D. = 0.88), suggesting that doctors often involve patients in discussions about treatment options while considering their preferences.

Regarding engagement in care plan discussions, 194 respondents (55.4%) marked Always (AL), and 125 respondents (35.7%) marked Often (OF), with a mean of 3.44 (S.D. = 0.73), reflecting that doctors often invite patient input and concerns during care plan discussions. For prompting patients to ask questions about their condition, 93 respondents (26.6%) marked Always (AL), and 187 respondents (53.4%) marked Often (OF), resulting in a mean score of 3.07 (S.D. = 0.68), suggesting that doctors often encourage patients to ask questions.

For understandably explaining diagnoses, 147 respondents (42%) marked Always (AL), and 198 respondents (56.6%) marked Often (OF), with a mean score of 3.41 (S.D. = 0.52), indicating that doctors often provide clear explanations about diagnoses. Similarly, on explaining treatment options clearly, 38 respondents (10.9%) marked Always (AL), and 310 respondents (88.6%) marked Often

(OF), with a mean of 3.10 (S.D. = 0.32), showing that doctors often explain treatment options understandably.

For explaining potential side effects, 148 respondents (42.3%) marked Always (AL), and 167 respondents (47.7%) marked Often (OF), with a mean of 3.29 (S.D. = 0.72), suggesting that doctors often provide clear explanations about side effects. On the provision of written instructions or brochures, 15 respondents (4.3%) marked Always (AL), and 204 respondents (58.3%) marked Often (OF), with a mean of 2.51 (S.D. = 0.80), indicating that this practice is often used but not always applied. For acknowledging patient feelings, 105 respondents (30%) marked Always (AL), and 200 respondents (57.1%) marked Often (OF), with a mean of 3.10 (S.D. = 0.80), showing that doctors often acknowledge patient feelings. Similarly, for acknowledging patient concerns with compassion, 119 respondents (34%) marked Always (AL), and 216 respondents (61.7%) marked Often (OF), with a mean score of 3.30 (S.D. = 0.54), indicating that doctors often show compassion for patient concerns.

On recognising patient experiences with health issues, 17 respondents (4.9%) marked Always (AL), and 212 respondents (60.6%) marked Often (OF), with a mean of 3.30 (S.D. = 0.55), suggesting that doctors often recognise patient experiences related to health. For recognising patient emotions, 149 respondents (42.6%) marked Always (AL), and 153 respondents (43.7%) marked Often (OF), with a mean of 3.29 (S.D. = 0.69), showing that doctors often recognise patient emotions related to health issues.

Doctors making recaps of discussions to ensure mutual understanding were marked Always (AL) by 92 respondents (26.3%) and Often (OF) by 211 respondents (60.3%), with a mean score of 3.11 (S.D. = 0.67). Similarly, doctors informing patients about follow-up appointments or referrals clearly was marked Always (AL) by 164 respondents (46.9%) and Often (OF) by 176 respondents (50.3%), with a mean of 3.44 (S.D. = 0.55). For encouraging patients to reach out with further concerns after the appointment, 37 respondents (10.6%) marked Always (AL), and 307 respondents (87.7%) marked Often (OF), with a mean score of 3.09 (S.D. = 0.34). Similarly, doctors encouraging patients to reach out with further questions was marked Always (AL) by 137 respondents (39.1%) and Often (OF) by 164 respondents (46.9%), with a mean of 3.25 (S.D. = 0.69).

For offering feedback methods, 112 respondents (32%) marked Always (AL), and 226 respondents (64.6%) marked Often (OF), with a mean score of 3.29 (S.D. = 0.52). Regarding appropriate body language, 211 respondents (60.3%) marked Always (AL), and 131 respondents (37.4%) marked Often (OF), with a mean of 3.58 (S.D. = 0.54), indicating that always appropriate body language

significantly impacts consultations. For eye contact, 103 respondents (29.4%) marked Always (AL), and 195 respondents (55.7%) marked Often (OF), with a mean score of 3.15 (S.D. = 0.65). On appropriate facial expressions, 194 respondents (55.4%) marked Always (AL), and 145 respondents (41.4%) marked Often (OF), with a mean of 3.52 (S.D. = 0.56), suggesting that always appropriate facial expressions significantly impact consultations. For cultural recognition in communication, 51 respondents (14.6%) marked Always (AL), and 217 respondents (62%) marked Often (OF), with a mean of 2.91 (S.D. = 0.61), indicating that doctors often recognise cultural differences. On respecting cultural differences, 112 respondents (32%) marked Always (AL), and 226 respondents (64.6%) marked Often (OF), with a mean score of 3.29 (S.D. = 0.52). Finally, regarding the adjustment of communication strategies based on age, health literacy, and emotional state, doctors were found to always adjust based on age (mean = 3.60), health literacy (mean = 3.49), and emotional state (mean = 3.36).

The overall weighted mean of 3.19 and standard deviation of 0.61 indicates that doctor-patient interpersonal communication in Ibarapa East Local Government Area is generally rated as often by respondents. The findings highlight that doctors frequently engage in effective communication practices such as establishing personal connections, explaining diagnoses, and considering patient preferences. However, areas such as non-verbal communication, providing written materials, and ensuring clear restatement of discussions shows need for improvement.

Presentation of Hypotheses

Ho1: There will be no significant relationship between doctor-patient interpersonal Communication and disease management in Ibarapa East Local Government Area, Oyo State

Table 4.6: Model Summary of Relationship between Doctor-Patient Interpersonal Communication and Disease Management

Model Summary				
Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	.649 ^a	0.42	0.42	1.923
a. Predictors: (Constant), Doctor-patient interpersonal Communication				

Source: SPSS Computation 27.0

The model summary in Table 4.6 shows an R² value of 0.421, which implies that 42.1% of the variation in disease management can be explained by doctor-patient interpersonal communication. This means that 57.9% of the variation is attributed to other factors outside the model and the error

term. The R^2 value of 0.421 indicates a moderate level of explanatory power, suggesting that doctor-patient interpersonal communication has a significant impact on disease management. The adjusted R^2 value of 0.419 further confirms that 41.9% of the variance in disease management is explained solely by doctor-patient interpersonal communication, indicating that the predictor variable retained in the model remains effective.

Discussion of Findings

The demographic findings showed that females constituted most of the study sample (49.9%, while males made up 45.1%. This mirrors other health-related studies where females are often more represented, possibly due to greater healthcare engagement or willingness to participate in health research (Webb, Khubchandani, Striley & Cottler, 2019). The age distribution, with the largest group falling within the 36–45 bracket, suggests a mature patient population likely managing ongoing health conditions. A generally educated and employed sample (majority B.Sc./HND and civil servants) further suggests respondents who can understand and actively engage with healthcare information. This demographic structure is important because adults in this age range often experience chronic health issues that require continuous care and effective communication with providers. The findings are consistent with patterns found in similar contexts where middle-aged adults have higher healthcare engagement and more complex health needs.

Findings from research question one show that patients often reported engaging in recommended disease management practices with an overall weighted mean of 2.89 (S.D. = 0.61). High mean scores were observed for self-monitoring of health indicators (mean = 3.28, S.D. = 0.52) and understanding treatment options (mean = 3.12, S.D. = 0.39), suggesting that patients are generally knowledgeable and proactive about their health. However, lower means in areas such as dietary adherence (mean = 2.80, S.D. = 0.86) and medication adherence (mean = 2.98, S.D. = 0.81) point to variability in how consistently patients manage these aspects of their care. This fluctuation is critical, as effective disease self-management often hinges on strict adherence to diet and medication. This finding is corroborated by a study that reported that effective patient engagement and communication are essential for self-management of chronic conditions, especially when patients must interpret complex regimens and lifestyle changes themselves (Iroegbu, Tuot, Lewis & Matura, 2024).

The findings align with a study that emphasised that effective communication helps patients understand their illnesses and treatment plans, thereby supporting better self-management outcomes (Coyne & Dieperink, 2025). Despite positive engagement overall, the variability in adherence

suggests that healthcare providers may need to place greater emphasis on lifestyle counselling and tailored patient education.

Findings from research question two showed that doctors frequently engage in effective communication practices such as establishing personal connections, explaining diagnoses, and considering patient preferences (weighted mean of 3.19 and standard deviation of 0.61). However, areas such as non-verbal communication, providing written materials, and ensuring clear restatement of discussions shows need for improvement. This finding is consistent with a study that reported that personal connection is vital for effective doctor-patient communication. Establishing rapport at the beginning of consultations significantly improves patient satisfaction and encourages open communication, leading to better health outcomes (Sharkiya, 2023). Also, a study found that clear, jargon-free explanations of medical conditions improve patient understanding, compliance with treatment, and satisfaction (Liu, et al, 2022) This reinforces the importance of simple and clear communication.

Findings from the regression results ($R^2 = 0.421$) and ANOVA ($F = 253.009$, $p < 0.05$) confirm that doctor-patient communication is a significant predictor of disease management. The positive regression coefficient ($B = 0.148$) indicates that improvements in communication are associated with measurable improvements in patients' disease management practices. The null hypothesis was rejected, suggesting that communication is instrumental in empowering patients to manage their conditions. This is in line with a study that reported that quality communication enhances recovery, reduces anxiety, and contributes to patient safety and treatment adherence (Liu, et al, 2022). Also, another study found that effective communication improves adherence and reduces medical errors (J Amafah, et al, 2023). On the other hand, some studies caution that communication quality varies across contexts and may not uniformly translate into improved outcomes without complementary system-level strategies. This suggests that while communication is necessary, structural support such as follow-up systems, patient education, and continuity of care may further enhance disease management outcomes (Alhur, 2024).

Conclusion

This study has successfully illuminated the critical role of doctor-patient interpersonal communication as a determinant of disease management in Ibarapa East Local Government Area, Oyo State. Through a rigorous analysis of data collected via the Doctor-Patient Interpersonal Communication Questionnaire, the research has demonstrated a significant and positive correlation between effective communication practices and improved health outcomes among patients.

The findings reveal that most patients possess a clear understanding of their health conditions and treatment options. Despite this favourable disposition, challenges persist in areas such as medication adherence and dietary practices. This inconsistency underscores the need for enhanced patient education and targeted support from healthcare providers to ensure comprehensive disease management.

The statistical analysis further validated the hypothesis that improved doctor-patient communication leads to better disease management, with a notable 42.1% of variance in patient outcomes attributed to communication effectiveness. This strong relationship substantiates the urgent need for healthcare systems to prioritise communication training and strategies.

Considering these findings, it is imperative to advocate for systemic changes that facilitate ongoing education for healthcare providers, as well as policies that enhance accessibility to healthcare services. By addressing these areas, we can empower patients to take an active role in their health management, ultimately improving the quality of care and health outcomes. The study lays a foundation for future research to explore communication strategies in diverse healthcare settings, ensuring that patient-centred care becomes a standard rather than an exception in healthcare practice.

Recommendations

1. There is a critical need for healthcare providers to undergo training focused on effective communication strategies. This training should encompass both verbal and non-verbal communication skills, emphasising the importance of clarity in conveying medical information and sensitivity towards patients' cultural backgrounds. Workshops and continuous professional development programs can be implemented to ensure that healthcare providers remain adept at fostering open communication with their patients.
2. Healthcare facilities should prioritise the creation of a more patient-centred environment. This can be achieved by incorporating practices that encourage patients to ask questions and express concerns, thereby increasing their involvement in their healthcare decisions. Empowering patients through educational programs about their conditions and treatment options can enhance their engagement and adherence to recommended health practices.

Healthcare systems should also work towards addressing accessibility issues that patients face in obtaining healthcare services. Efforts to reduce barriers to access, such as transportation and financial constraints, must be made. Strategies might include establishing mobile health units or

telemedicine services to reach underserved populations, thereby improving overall healthcare engagement and disease management.

Article History

Received: 25-Mar-2026

Accepted: 01-Apr-2026

Published: 04-Apr-2026

Article Publication Details (*rpt**)

This article is published in the [International Journal of Multidisciplinary Research and Bulletin](#), ISSN 3108-1428 (Online). In Volume 5 Issue 2 (Mar – Apr) 2026

The journal is published and managed by [IRPG](#).

Copyright © 2026, Authors retain copyright. Licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. <https://creativecommons.org/licenses/by/4.0/> (CC BY 4.0 deed)

Acknowledgements

We sincerely thank the editors and the reviewers for their valuable suggestions on this paper.

Funding

The authors declare that no funding was received for this work.

Data availability

No datasets were generated or analyzed during the current study.

Declarations

Ethics approval and consent to participate

The author(s) declare that it is not applicable.

Consent for publication

The author(s) declare that this is not applicable.

Competing interests

The author(s) declare that they have no competing interests.

Author details

Stella Ebehiremen Ajoke SANNI-OBA^{1*}

^{1*}Department of Mass Communication, Adeseun Ogundoyin Polytechnic, Eruwa, Oyo State, Nigeria.

Waheed Bayonle BUSARI²

²Department of Mass Communication & Media Technology, Lead City University, Ibadan, Nigeria.

References

1. Alanezi, W., Alanazi, W., Alanzi, S., Alshammari, N., Aldaferiy, T., Al Shammari, D., Alsuhal, S., & Aldhafeeri, D. (2022). The relationship between nurse–patient communication and medication adherence in Saudi Arabian primary healthcare centres. *Chelonian Research Foundation*, 17(2), 3538–3548.
2. Alhur, A., Alhur, A. A., Al-Rowais, D., Asiri, S., Muslim, H., Alotaibi, D., Al-Rowais, B., Alotaibi, F., Al-Hussayein, S., Alamri, A., & Faya, B. (2024). Enhancing patient safety through effective interprofessional communication: A focus on medication error prevention. *Cureus*, 16(4), Article e.
3. Amafah, J., Temedie-Asogwa, T., Atta, J. A., & Al Zoubi, M. A. (2023). The impacts of treatment summaries on patient-centred communication and quality of care for cancer survivors. *International Journal of Multidisciplinary and Comprehensive Research*, Jan 2023. (Provide volume/issue/page or DOI if available)
4. Ameworwor, E., Amu, H., Dowou, R., Kye-Duodu, G., Amu, S., & Bain, L. (2024). Exploring therapeutic communication in managing chronic non-communicable diseases: A mixed-method study in Ghana. *Archives of Public Health*, 82, Article 36.
5. Ayele, Y., Tadesse, T., & Berhanu, M. (2021). Chronic disease self-management and communication patterns: A cross-sectional study among diabetic patients in Ethiopia. *BMC Health Services Research*, 21(1), 1125.
6. Chikwere, U., & Adeyemi, T. (2025). Communication barriers and disease management in Nigerian tertiary hospitals: A case study. *Journal of Health Communication Research*, 5(1), 22–34.
7. Coyne, E., & Dieperink, K. B. (2025). Effective health communication to reduce avoidable readmission: Enhancing understanding for patients and families. *Nursing Open*, 12(3), e70187. <https://doi.org/10.1002/nop2.70187>

8. El Kahi, H., Dakessian, A., Naim, A., & Raad, E. (2022). Patient–provider communication and chronic disease management: Evidence from primary healthcare in Lebanon. *International Journal of General Medicine*, 15, 345–354.
9. Haut, K., Wohn, C., Kane, B., Carroll, T., Guigno, C., Kumar, V., Epstein, R., Schubert, L., & Hoque, E. (2023). Validating a virtual human and automated feedback system for training doctor–patient communication skills. *arXiv*. <https://arxiv.org/abs/2306.15213>
10. Iroegbu, C., Tuot, D. S., Lewis, L., & Matura, L. A. (2025). The influence of patient–provider communication on self-management among patients with chronic illness: A systematic mixed-studies review. *Journal of Advanced Nursing*, 81(4), 1678–1699. <https://doi.org/10.1111/jan.16492>
11. Iroegbu, M., Jin, H., Bratzke, L., & Baumann, L. (2022). The influence of patient–provider communication on self-management among patients with chronic illness: A systematic mixed-studies review. *Journal of Advanced Nursing*, 78(12), 3890–3906.
12. Liu, T., Liu, X., Zeng, J., Zhao, X., Peng, L., Zhou, H., Li, X., & Jiang, W. (2025). The effect of doctor–patient communication on blood pressure control in hypertensive patients: Mediating role of medication adherence. *Heart & Lung*, 73, 197–206.
13. Matar, A., Ismail, A., & Al-Khalidi, H. (2024). Communication competence and medication adherence among patients with cardiovascular diseases in the UAE. *Global Journal of Health Science*, 14(5), 1–10.
14. Osei, A., & Appiah, S. (2022). The role of doctor–patient communication in the management of hypertension in urban Ghana. *International Journal of Africa Nursing Sciences*, 18, 100456. <https://doi.org/10.1016/j.ijans.2022.100456>
15. Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: A rapid review. *BMC Health Services Research*, 23(1), 886.

16. Thai, P., Flores-Cruz, G., & Roque, N. (2023). Leveraging healthcare technology to improve patient-doctor communication. *Journal of Patient Experience*, 10, 1–9.
17. Webb, F. J., Khubchandani, J., Striley, C. W., & Cottler, L. B. (2019). Black–White differences in willingness to participate and perceptions about health research: Results from the population-based HealthStreet study. *Journal of Immigrant and Minority Health*, 21(2), 299–305.
18. Yamane, D., & Nakamura, K. (2023). Improving communication for effective hypertension management in rural Japan. *Rural and Remote Health*, 23(1), Article 7243.

Publisher’s Note:

IRPG remains neutral with regard to jurisdictional claims in published maps and institutional affiliations. The statements, opinions, and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of IRPG and/or the editor(s). IRPG disclaims responsibility for any injury to people or property resulting from any ideas, methods, instructions, or products referred to in the content.